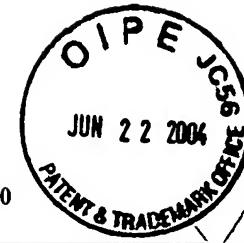


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Complete and send this form, together with applicable fee(s), to: Mail or Fax

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27162 7590 05/06/2004

CARELLA, BYRNE, BAIN, GILFILLAN, CECCHI,  
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William Squire

(Depositor's name)

June 17, 2004

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/033,017	10/22/2001	Gad Kenan	080/01417	7841

TITLE OF INVENTION: DIAGNOSIS PROBE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/06/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
COHEN, LEE S	3739	600-372000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Carella, Byrne, Bain, 1 Gilfillan et al
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2 Elliot M. Olstein
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TransScan Medical Ltd.

Migdal-Haemek 10550 Israel

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

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03 FC:8001	36.00 OP

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